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Parent and Teacher Perceptions of Student Teacher Assistance Teams

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PARENT AND TEACHER PERCEPTIONS OF STUDENT TEACHER ASSISTANCE TEAMS

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Abstract

The Student Teacher Assistance Team (STAT) method is one form of prereferral intervention that involves the problem-solving of teachers and other school professionals with the goal of obtaining more efficient and effective help for students in the regular education setting. After an examination of the research in the area of prereferral interventions, it was noted that few research studies mentioned parents' involvement in and none were found assessing parents' perceptions of the process. This study examines both parent and teacher perceptions of student teacher assistance teams (STATs) in a small rural county in Kentucky. Participants in the study involved 44 parents of children who have been involved in the STAT team during the 1996-97 school year and 49 teachers who currently teach in the school system. A questionnaire entitled "Parent's Expectations" was administered to the parents, and a questionnaire entitled "Teacher's Views of STAT" with 13 equivalent questions was administered to the teachers. Results of the surveys generally showed higher levels of agreement by parents than by teachers with the descriptors of the STAT process. Specifically, survey results showed that parents rated the following characteristics of the STAT process significantly higher than the teachers in the study: overall helpfulness, improvement in a child's behavior and school work, necessity for helping a child, a focus on a child's strengths and weaknesses, provision of ways to work with the child, and helping a child get along with others. Results also showed that parents and teachers hold separate beliefs about the

STAT process. Teachers were significantly more likely than parents to view the process as only as a step toward testing. In contrast, parents were more likely to believe that the team will find the cause of their child's problems and will tell them what the future holds for their child. Further results showed that views differed between those teachers who have been a member of a STAT team and those who have never participated in the process. Teachers who have been a member of the STAT team were more likely to believe that the team will listen to what they have to say, while those who had been a team member were more likely to believe that the STAT team will provide them with ways to work with their students. In addition, results also showed that teachers of higher grades (4-8) viewed the process in a more positive manner than did teachers of lower grades (K-3).

Parent and Teacher Perceptions of Student Teacher Assistance Teams

Literature Review

Current research in special education has raised concerns regarding the traditional referral, evaluation, and placement procedures used in the school systems. The prereferral intervention approach, focusing on the provision of assistance to regular education teachers before a referral to special education is made, is a promising alternative to the traditional approach (Graden, Casey, & Christenson, 1985). The Student Teacher Assistance Team (STAT) method is one form of prereferral intervention involving the problem-solving of teachers and other school professionals with the goal of obtaining more efficient and effective help for students in the regular education setting before a referral is completed. To date, there has been a limited focus on the prereferral process in the literature. Specifically, information regarding parent expectations and involvement in the process has been only minimally mentioned in the literature. The researcher reviewed the literature and designed a study to gather both parent and teacher views of the Student Teacher Assistance Team process.

The Traditional Special Education Approach

The traditional approach to dealing with difficult-to-teach children can be described as a "referral-to-placement" system (Carter & Sugai, 1989). In this traditional system, teachers complete a referral which consists of a formal request for a multi-disciplinary evaluation to identify special needs of children (Carter & Sugai, 1989). In this traditional approach, the referral almost automatically results in testing (Ysseldyke, Thurlow, et al., 1983). They further suggested that once tested, a large majority (78%)

of the students are placed in special education classes. Batsche and Knoff (1995) stated that with the traditional approach, intervention was "linked to assessment only through the selection of a special education program for a student, not in the development of specific intervention strategies" (p. 569).

Various aspects of the traditional special education evaluation process have been questioned. Aspects that have been criticized include: minimal use of classroom interventions, violation of the least restrictive environment, over-identification of students into special education, inadequate use of financial resources, displacement of responsibility for educating students, and a lack of practical feedback from test results. Each of these criticisms will be described.

Minimal use of classroom interventions. Graden, Casey, and Bronstrom (1985) voiced a strong criticism of the traditional approach: "...the process typically involves a search for something wrong within the student that can be identified, labeled, and 'fixed' through special education." (p. 494). The traditional approach is not aimed at implementing intervention strategies systematically in the regular education classroom, nor are any interventions evaluated for their effectiveness before a student is formally referred for special education services (Graden, Casey, & Bonstrom, 1985). With the belief that the child "owns" the problem, classroom interventions are less likely to be seen as important and thus are not implemented before the point of referral (Christenson, Ysseldyke, Wang, & Algozzine, 1983). Thus, a student often sits in the regular education classroom without any designed interventions until the assessment process is completed. At this point, the student may or may not be found to qualify for special services. Regardless of whether the child qualifies, interventions will likely need to be made in order to meet the needs of the child. A logical time to begin such interventions would appear to be at the point when the child experiences difficulty and before the referral to special education is made.

Violation of the least restrictive environment. The traditional model fails to address the needs of at-risk learners in the general education setting and can be viewed as a violation of the least restrictive environment (Bahr, 1994). PL-94-142, the 1975 Education for All Handicapped Children's Act, requires educators to at least attempt to accommodate difficult-to-teach students' needs in the most "normal" setting possible (Fuchs & Fuchs, 1988). When teachers have not attempted specific interventions designed to work with the child's individual behavioral or educational needs, they have not given the child a chance to successfully succeed in an environment with his peers. Before a referral is made to special education, the student must be given realistic opportunities to learn with his peers in a regular education setting.

Over-identification of students into special education. The traditional approach has often led to an over-identification of children being referred to special education. Ysseldyke, Thurlow, et al. (1983) described the testing situation as one in which the students are referred in increasing numbers and often for reasons that have more to do with the teacher, school system, and other variables than with the student's classroom functioning. They further stated that the special education population is dramatically increasing and that the definitional criteria for determining LD eligibility are often inconsistently applied by decision-making teams. Fuchs, Fuchs, Bahr, Fernstrom, and Stecker (1990) also agreed that the "burgeoning" numbers of teacher referrals and placements in special education represent an important rationale for a change in the traditional process. It is reported by Carter and Sugai (1989) that given the high probability of special education assessment and placement following most referrals, the number of students receiving services may be increasing faster than the available services can meet their needs. Will (1986) reported that it is estimated that 20%-30% of the school-aged population are having difficulty progressing in our school system, and over 10% are eligible for special education services. This finding suggests an apparent need

for accommodating the number of students who are failing to learn with the traditional teaching methods in the regular classroom.

Inadequate use of financial resources. Given that assessment procedures are both time consuming and costly, the approach can also be viewed as an inadequate use of school resources (Graden, Casey, & Christenson, 1985). With the traditional approach, a large number of referrals are made, with most going on for full evaluation. Such a formal evaluation demands a great amount of time for school psychologists, teaches, and other school professionals.

Also, it has been suggested that local school districts may be more apt to identify students as eligible for special services for budgetary reasons rather than for meeting the individual needs of the child (Will, 1986). Stainback and Stainback (1984) state that special education funding is currently based, to a large degree, on categories of exceptionality. In response to the current trend, they suggest that these categorical funds be distributed for assistance--such as individualized tutoring, lessons in social skills training, and total communication. The purpose of such a disbursement would be to move toward a service unit rather than the "child-in-category" as the funding unit for special education services.

Displacement of responsibility. Within the traditional approach, the formal act of a classroom teacher sending in a referral has been argued by Pugach and Johnson (1989) to be a transfer of ownership of the existing problem over to a team of professionals. With this action, the teachers may feel that they have met their responsibility and may justify abstaining from working to assist the child with any academic or behavioral difficulties. The classroom teachers may falsely believe that the trained professionals are better able to work with the student's difficulties. Therefore, the teachers may view the problem as beyond their control and may justify offering little or no input into the solution. Fuchs and Fuchs (1988) noted that the over-identification or misidentification of students into special education programs may be a result of general education's failure

to accommodate the variety of needs in the mainstream population. Many teachers may be depending on special education to deal with difficult-to-teach students.

The lack of practical feedback from test results. In addition, a further criticism has been that when students are tested, the results often are not instructionally relevant and are not always helpful to teachers (Thurlow & Ysseldyke, 1982). Simply knowing a student's standard scores on intelligence and achievement tests does not translate into an academic or behavioral remedial plan. Whether or not a child is found eligible for special services, often teachers are left without useful suggestions or interventions to assist the child in the regular classroom.

An Alternative Model: The Prereferral Process

Given the numerous problems with the traditional special education system, new research and practice suggests the use of prereferral interventions as a viable alternative to the traditional model. Tilly and Flugum (1995) stated, "In recent years, the trend in school psychology service delivery has shifted strongly toward providing intervention services to children, families and schools" (p. 485). The term "intervention" is defined by Tilly and Flugum (1995) as a "planned modification of the environment made for the purpose of altering behavior in a pre-specified way" (p. 485). Providing such interventions can be accomplished through a prereferral process in the school system.

The prereferral process focuses on intervening with students' academic and behavior difficulties before a referral for special education services is considered. The process is ideally designed to solve problems at a point before a more intrusive or restrictive intervention is required (Sindelar, Griffin, Smith, & Watanabe, 1992). By using a prereferral systems approach, students are given the opportunity to learn with their peers in the regular education setting.

The prereferral process may be viewed as one positive response to the Public Law 94-142, which requires educators to make attempts in accommodating the needs of difficult-to-teach students in the least restrictive environment (Fuchs & Fuchs, 1988).

The use of prereferral interventions was developed, in part, as a response to the mandates of Public Law 94-142, The Education for All Handicapped Children Act of 1975. Ross (1995) noted that the intervention assistance programs represent the most organized effort to correct a number of problems that have been found to be associated with the delivery of services under PL 94-142. Batsche and Knoff (1995) reported that after the first ten years following the implementation of the law, special services changed their focus. The new focus was one that began to examine the efficacy of special education services in contrast to the traditional "child-find" approach. Further, Batsche and Knoff indicated that the "outcome-based" education movement within the school reform process has contributed to an awareness of the need for accountability in all areas of education. Research suggests that a step toward accountability may be achieved by the successful implementation of the prereferral process within the regular education setting.

The prereferral interventions can be viewed as serving two broad functions. Prereferral teams provide immediate informal assistance to teachers who may be working with children who have mild learning and behavior problems in the classroom and can also act as a screening device for determining which referrals should be sent on further for a formal referral to special education. Ross (1995) described intervention assistance teams as being a "support system" for solving problems within the regular classroom. In addition, Bahr (1994) noted that, "prereferral intervention exemplifies an educational practice that addresses the needs of at-risk learners in general education, enhances the skills of school professionals through collaborative problem solving, and embodies the spirit of the least restrictive environment" (p. 309).

In addition to better serving students in their least restrictive environment, prereferral interventions are also an important factor in reducing the number of inappropriate referrals and special education placements. The use of such a system allows for collaborative problem solving between various school professionals, which

may include but are not limited to regular and special education teachers, guidance counselors, school psychologists, principals, and parents. The team of professionals work together in a systematic fashion to analyze problems, set goals, and devise possible solutions in order to assist and support the teachers with difficult-to-teach students (Sindelar et al., 1992). This collaboration is designed to prevent inappropriate placements in special education by strengthening teachers' instruction and management skills. This collaboration is accomplished by providing the teachers with the needed support and resources to use with students in their classroom. Therefore, the focus of the system is shifted from diagnosing and placing individuals to that of using existing school resources to teach and intervene effectively with a diverse group of students (Graden, Casey, & Christenson, 1985). Given that teachers work daily with the students, it is imperative that they become more skilled, comfortable, and confident in solving many mild learning and behavioral problems. "Properly staffed schools can only succeed if they operate on the principal that the essential resource is already inside the school: determined, intelligent, and capable teachers" (Carnegie Forum, 1986, p. 58).

As previously mentioned, under the traditional approach, referrals practically always result in testing and placement in special education. Ysseldyke, Thurlow et al. (1983) concluded that the multidisciplinary team acts as a "rubber stamp" in confirming the original referral issue. Harrington and Gibson (1986) believed prereferral interventions may be the solution to the issue and state, "one way to break the referral-to-placement lockstep may be for multidisciplinary teams to focus more intensively on interventions made in the regular classroom setting prior to referral for comprehensive evaluation" (p. 538).

Prereferral Models

Teacher assistance teams and collaborative consultation appear to be two of the most widely used models to help difficult-to-teach students in the regular education classroom. Sindelar and his colleagues (1992) reported that student teacher assistance

teams (STATs) were developed in the early 1970's as problem-solving groups for teachers and as an alternative to the traditional style of inservice training. The early teams emphasized accountability, communication, decision making, and teacher initiative, with the ultimate goal being to meet the needs of difficult-to-teach students while keeping them in the regular classroom. Chalfante, Pysh, and Moultrie (1979) stated that the core team usually consisted of three regular education teachers with the referring teacher and the parent as the other two members. Specialists were occasionally asked to participate when it seemed appropriate. It was believed that specialists would tend to dominate the team and that teachers would not get to share in the discussion or decision making. Effective teams were thought to be those which help teachers conceptualize and understand the nature of the learning and behavioral problems, provide immediate and relevant support to teachers, improve the follow-up and evaluation of the mainstream efforts, and reduce the number of inappropriate referrals to special education. A fundamental assumption of the early STAT teams was that teachers can resolve many more problems when working together than by working alone (Chalfante et al., 1979).

Current teams, while similar to the original teams, have made structural changes. Current teams involve not only teachers and parents, but are multidisciplinary in that they include various other school professionals as well. Current informal teams tend to believe that the solution to the problem can only be achieved with the assistance of the specialists. However, the "ownership" of the problem is generally intended to remain with the referring teacher (Pugach & Johnson, 1989). It has been further reported by them that the daily operation of the current teams shows a "remarkable resemblance" to the original teaming patterns developed in 1975. Many of the original assumptions are currently in place in the student teacher assistance teams.

Zins and Erchul (1995) defined school consultation as a method of "providing preventively oriented psychological and educational services in which consultants and

consultees form cooperative partnerships and engage in a reciprocal, systematic problem solving process within an ecobehavioral framework" (pp. 609-610). This definition suggests that consultation is preventive in that the procedures are intended to prevent problems from becoming more severe and to keep new ones from emerging. Consultation is further described to be a cooperative process in which both parties work together to define and analyze the problem. However, the consultant's role is to structure and lead the process while the consultee supplies the content of the issue. Primary responsibilities of the consultant include remaining non-evaluative, identifying and presenting intervention ideas, and developing an evaluation plan.

Sindelar et al. (1992) described the consultative model as being different but parallel to the teacher assistance teaming model. The consultative model dates back to the 1950's with the development of the mental health services, but did not evolve into a formal, multidisciplinary consultative model until the 1970's. Current consultative models emphasize preventing inappropriate placements in special education by strengthening the teaching and management skills of educators (Graden, Casey, & Bronstrom, 1985). With the consultative approach, the special education teacher or school psychologist typically provide individual assistance to the regular education teacher. The consultative service is generally more immediate and is often of a less formal nature than the teacher assistance teaming model.

Regardless of the model, all approaches focus on the prevention of inappropriate placements in special education and the improvement of the teaching skills of educators. In addition, both models create a greater proficiency in problem-solving by the "blending" of skills between the teacher and other school professionals. Each model should be based on an equal partnership, with an agreement about the interventions and the data-collection techniques to be used (Idol, Paolucci-Whitcomb, & Nevin, 1986).

Prereferral Intervention Systems

There are many prereferral intervention systems, and a description of all available systems is beyond the scope of this paper. The systems all have a problem-solving focus. Each will have differences with regard to number of steps, terminology used, and areas emphasized. Three systems will be described as illustrations.

Problem-solving approach. Fuchs, Fuchs, Bahr, Fernstrom, and Stecker (1990) described a four-stage problem-solving approach to prereferral interventions based on Bergan's (1977) model of behavioral consultation. The first stage is Problem Identification in which the problem is defined in observable terms in such a way that it can be directly measured. The second stage is Problem Analysis and involves validating the existence of a problem and identifying variables that may contribute to the solution as well as developing a systematic plan. The next stage is Plan Implementation, in which the plan is implemented as intended and continuous monitoring of progress takes place. Problem Evaluation is the final stage and involves evaluating the effectiveness of the intervention and modifying the plan if needed.

Consultative approach. Graden, Casey, and Christenson (1985) suggested a six stage approach for the prereferral intervention process, which is based on a consultative approach of service delivery. The four general stages included the following: a request for consultation, the actual consultation, observations, and a conference to discuss whether the child should be referred for a psychoeducational evaluation. The stages should be conducted in an informal manner and occur before a formal special education referral is made. The researchers specify that parents should always be notified by the classroom teacher when there is a concern about their child and should be included in the intervention planning.

Ecological approach. An ecological approach for the consultation process was presented by Zins and Erchul (1995) in which a variety of situational factors are examined to determine if they are contributing to the problem. The ecological approach

begins with establishing a cooperative partnership between the consultant and consultee and is followed by clearly defining the presenting problem in clear, concise, and measurable terms. Once the target behaviors have been identified, a comprehensive functional analysis of the child and the environment is established and the level of needed intervention is determined. Interventions may be designed for a specific child, a change in the teacher's instructional practices, or strategies for the class as a whole. When an agreement is reached on the level of intervention, treatment options are brainstormed. After several intervention ideas have been discussed, each should be evaluated to determine possible risks and benefits, side effects, and feasibility of implementation. Once the interventions have been agreed upon, the roles and the responsibilities must be determined. Next, the intervention plan should be developed and implemented. The final stage of the approach involves evaluating the effectiveness of the intervention. The plan should be systematically and regularly monitored, with data collection procedures used to obtain baseline information.

Research on Prereferral Interventions

Research on prereferral interventions has been conducted with regard to system level factors affecting prereferral success, goals of the process, characteristics of the individual interventions, and the effectiveness of the prereferral intervention process. A description of the research areas will be made.

System level factors affecting prereferral success. Because the prereferral intervention process represents a significant departure from the traditional service delivery approach, several system-level challenges may occur. Piersel and Gutkin (1983) indicated that administrative support and the provision of adequate resources are two important factors in the success of prereferral interventions. They further note that a crucial variable is the pressure to test and place large numbers of students in order to gain special education funds. Various building-level constraints include high demands on the classroom teacher's time, energy, and effort as well as changes in expectations from

getting a "quick cure" by special education placement to the implementation of a more complex problem-solving situation. In a study by Graden, Casey, and Bronstrom (1985), it was found that there was no apparent internal stimulus for change in those schools where the prereferral interventions were unsuccessful. In contrast, they found that there was a strong internal impetus for change in the most successful school. A further belief that appeared to inhibit success was a belief that testing and placement greatly benefits children and that prereferral interventions withhold or delay special education services to the students.

In 1986, Harrington and Gibson sent out a 25-item survey to teachers regarding their attitudes toward the pre-assessment process. Their results suggested that, in general, most teachers were happy with the team members but they did not agree upon whether their teams' interventions were successful in correcting the referral problem. The participants, did however, agree that the administrators' attitudes were important in the success of the pre-assessment process. They tended to agree that the process worked best when the administrator is concerned, cooperative, and encouraging to the team. Furthermore, they agreed that consistent parental support and home-school communication is vital to the success of the interventions.

Carter and Sugai (1989) stated that a number of variables could influence the effectiveness of the interventions. They reported the importance of administrative support and the allocation of adequate time and personnel at the building level. They further stressed the need for state and federal incentives for individualized services, rather than solely allowing resources for placement of a large group of students.

Prereferral goals. In a study by Sindelar and his colleagues (1992), it was found that 60% of the goals of prereferral interventions were non-academic, suggesting that teachers are more concerned with behavior difficulties. It was also found that the teachers reported "considerable" progress for one-third of the goals, and no progress for about 20% of the goals. They further found that of the students referred for the

prereferral teacher assistance teams, only 21% of the students were referred for special education services and that 93% of those referred qualified for such services. This finding indicates that the teacher assistance teams are able to assist many children with academic and behavioral difficulties to such a degree that a more restrictive approach, such as pulling them out of the regular education setting, was not necessary.

Carter and Sugai (1989) conducted a study in which they sent out a six-item survey to the state directors of special education to look at the overall goals for the prereferral process. The survey results showed that instructional modifications, counseling, and behavior management were the three most frequently used interventions in the prereferral process. Will (1986) also discussed goals of the teacher assistance team process and stated that the goals of the prereferral process include avoiding "unnecessarily restrictive" parts of PL 94-142 and appropriately redirecting the resources of special education toward the immediate solution of problems in the classroom. In addition, an expectation would be to provide resources for students who have not been identified as disabled. Such resources might be provided to difficult-to-teach students who do not qualify for special services. A hope would be that such a program would allow a greater number of students to successfully perform academically and behaviorally in the regular education program.

Characteristics of individual interventions. A research study conducted by Ysseldyke, Christenson, Pianta, and Algozzine (1983) examined the interventions of 105 elementary classroom teachers before the students were referred for a psychoeducational evaluation. The study focused on the following: individuals that were consulted with before the referral; types, combinations, and the duration of prereferral interventions; and the relationships between prereferral interventions and reasons for referral. The study results revealed that 66% of the teachers did not report speaking to any other person concerning the referral student, 17.9% talked to special education teachers, 16.9% to the principal, 10.2% to the parents, 9.1% to other classroom teachers, and 8.6% discussed

the problem with the school psychologist. Social workers, speech therapists, nurses, and other professionals were consulted in 5% of the cases. The study results also revealed that teachers do discuss the interventions with other individuals in a casual manner, such as by conversations in the hallway or in teachers' lounges. The burden of the prereferral intervention was often found to rest with the teacher, with a great variability in prereferral interventions attempted. The five most frequent reasons for referring a student for special services were the following: learning related, emotionally-manifested, attention-related, performance-related, and behavior disorders. The casual implementation of prereferral interventions was found to lack accountability. In 1983, Ysseldyke, Pianta, Christenson, Wang, and Algozzine reported that there was no specific documentation of the kinds of interventions that regular classroom teachers were using before referring students for a comprehensive evaluation. In the study by Ysseldyke, Christenson, et al. (1983) it was also found that only 28.6% of the interventions documented the length of the intervention period, with only a few noting the use of any measure of success. Further, few significant relationships were found between the reasons given for the referral and the interventions implemented in the classroom.

Bahr (1994) stated that there exists only a few empirical studies that examine prereferral interventions. He conducted a study that assessed the current status of prereferral practices. Surveys were sent to 49 directors of special education in the state of Michigan with regard to the nature, design, implementation, evaluation, and the success of prereferral interventions. The results found that most districts either required or recommended prereferral practices. Also, interventions were mainly used with students who were suspected of having a mild handicap. Strategies in academic and behavior management were indicated to be equally prevalent. Three-fourths of the respondents indicated that prereferral interventions were "sometimes" successful, while only a few noted "usually" (10%) or "rarely" (2%) successful. Bahr (1994) expressed the importance of determining a better way to measure success of the interventions.

Effectiveness of prereferral interventions. In their 1988 study, Ponti, Zins, and Graden examined the effects of the implementation of a consultation-based service delivery system which was designed to provide alternative interventions to students experiencing mild behavioral and academic difficulty in regular education classrooms. Teacher responses to their questionnaire showed that they were very positive about the prereferral consultation approach and tended to believe that they received a greater amount of help in working with classroom problems than they had in the past. The teachers further reported that they perceived their problem-solving skills to be improved after the consultation experience. Interestingly, 82% of the teachers responded positively with regard to the consultation process being used before or in place of a referral for formal evaluation. The study also found that teachers began to describe their problems in more depth and considered a greater range of possible factors when looking for the root of a student's problem.

In 1978, Ritter also studied the effects of a school consultation program by analyzing the referral patterns of teachers over a seven-year period. Ritter found that there was a decrease in the number of children referred by teachers over time. He found that the results were not seen immediately, but often took three to four years of consultation experience before meaningful results were evident. It was hypothesized by Ritter that the decrease was related to teachers developing their own coping skills as a result of the consultative experience.

In order to conclude whether the interventions have been successful, it is necessary to have an evaluation plan. Maher and Illback (1985) have developed an approach to implement and examine psychological service programs. They called their method the DURABLE approach which was designed to determine whether a program has been applied and planned and whether it has been effective. The approach involved seven activities noted by the acronym DURABLE and include the following: discussing, understanding, reinforcing, acquiring, building, learning, and evaluating. Research of the

DURABLE approach found more fully implemented programs and more lasting change when using the systematic approach with programs such as behavior consultation. The DURABLE approach was reported by Maher and Illback to be a unifying process for designing, implementing, and evaluating psychological service programs in behavior consultation or teacher assistance teams.

Rosenfield (1992) stated that her method of consultation, the Instructional Consultation (IC) Team Model, is based on three critical assumptions: all students can learn, the student-teacher relationship in the classroom is an important factor for change, and that schools with a problem-solving orientation work well. Further, the IC-Team Model incorporates problem solving and a consultative process with a school-based delivery system that involves a referral process and management structure. Rosenfield (1992) reported that before the effectiveness of an intervention can be successfully determined, student performance must be evaluated. She suggested that the teams should incorporate the monitoring of student progress by providing data-based measures such as graphing. An observable and measurable record of the process will allow for documentation of the success of the interventions. The data can then be used to determine whether the program is being implemented as intended and to examine the effectiveness of the individual interventions. Student outcomes with her approach showed a significant difference between a group of students referred to the IC method and a similar group that was not referred. Those students who participated in the IC Team Model were found to perform at a higher level on a standardized achievement test after the prereferral process.

In 1989, Chalfante and Pysh conducted a study in which they examined the operation of 96 teacher assistance teams (TATs) and found that, overall, some students avoided special education placement because the TATs helped to address their problems and that those who were referred were likely to be found eligible for services. An earlier evaluation of the effectiveness of teacher assistance teams was conducted by Chalfante et

al. (1979) in an Illinois school district. Out of 203 children referred for evaluation, 129 of the referred cases were reported to have been managed effectively by the teams and 74 were referred further for special education services. These results show that more than half of the referrals were reduced by the prereferral process. Such a reduction allowed the school support personnel more time to work on interventions, not just assessments for special education services.

In general, many positive effects of prereferral intervention have been noted. A review of 19 articles by Nelson, Smith, Taylor, Dodd, and Reavis (1992) found that prereferral interventions have the potential to produce the following results: reduction in the number of students receiving special education services, production of the desired student performance, increase in teachers' skills in working with academic and behavioral concerns of students, and improvements in teacher's attitudes toward those students who may be experiencing problems in the classroom. In addition, an organized prereferral approach can provide the documented attempts at intervening with the students' behavioral or academic concerns before any formal assessment is considered. The Teacher Assistance Team Model has also been found to offer a support system to classroom teachers as problem-solving groups are formed. Chalfante et al. (1979) cited a superintendent's view of the process after he experienced the teaming model in his school system.

> Most gratifying of all, the team approach provides a vehicle wherein the skills and remediation that apply to one child wash over and affect the teacher's instructional style in dealing with all students. And those skills are not limited to the case in question. This team serves as a facilitating group of people whose joint efforts turn out to be supportive and directive to the point that your specialists' insights and perceptions receive a much broader understanding. (p. 95).

Quality Indices of Prereferral Interventions

The literature cites several relevant dependent measures for determining the effectiveness of prereferral interventions. Sindelar et al. (1992) stated that the rate of referral for assessment, identification, and placement in special education should show a decrease with the implementation of effective prereferral interventions. The student's behavioral or achievement measures are a second dependent measure. The student's performance in the areas of behavior and academic work should show improvements if the interventions have been effective. A third relevant dependent measure is consumer satisfaction or the degree to which the interventions are used and liked by teachers, students, and parents.

Decrease in referral rates. When prereferral interventions are successful, the numbers of students tested and the proportion of students placed in special education programs should both show a dramatic decrease. Further, with successful interventions, we should also expect to find a decrease in the number of students referred for testing and an increase in the proportion of referred students being found eligible for services. Given that the goal of the interventions is to make the referral a more accurate process, we should discover that we have greatly reduced the number of inappropriate referrals.

An investigation by Graden, Casey, and Bronstrom (1985) looked at the referral rates at three schools. Before implementing the prereferral process, the rates for testing and placement were 73% and 44%, respectively. During the implementation of the interventions, the rates declined to 17% and 8%. Graden, Casey, and Christenson (1985) found that rates declined during implementation of prereferral interventions from 74% to 40% for testing and from 48% to 24% from placing students in special education placement. The data from these studies suggests that prereferral intervention teams are able to address the academic and behavioral problems of many students, with the result that more students are being served with their peers in the regular classroom setting.

Student performance. A successful prereferral process should conclude with improved educational performance and classroom conduct. In a study performed by Fuchs, Fuchs, and Bahr (1990), consultative interventions were found to be effective in the prereferral process. They reported finding a reduced number of inappropriate behavior over time for students with behavior concerns. Fuchs and his colleagues also found that students met approximately 75% of their goals and that the teachers in the prereferral process tend to have a more positive outlook regarding difficult-to-teach students after being involved in the prereferral process.

Consumer satisfaction. In order for prereferral interventions to be successful, it is important for consumers of the process, including teachers, students, and parents, to be satisfied with the system. It has been stated that perceptions of intervention efficacy as well as consumer satisfaction are important factors as they act in influencing whether the interventions are effectively implemented (Bahr, 1994). Successful prereferral interventions should be used and liked by teachers. Fuchs, Fuchs, Bahr, Fernstrom, and Stecker (1990) reported that teachers involved in a behavioral consultation process tended to believe that the project was worth doing and that they would be likely to continue to use the intervention the next year. They also noted that after being involved in a behavioral consultation process, the students believed that their behavior had improved during the process and stated that they would recommend that more teachers use the method. The students further reported that they believed the rewards were important and that the behavioral contracts used were fun, fair, and worth working toward. In general, with successful interventions, teachers should feel more qualified to handle problems and students should feel better about themselves. In other words, all parties involved should benefit from and value their involvement in the process.

Consumer satisfaction may be assessed by either self-reports or interviews with the participants in the intervention process. Results of relief, greater self-confidence, decreased stress, happiness, and comfort are examined as subjective benefits. It is

important to note that it may be difficult to accurately assess the program's level of success immediately after implementation. For example, a child's academic or behavioral skills may continue to improve several years after the initial intervention and teachers may gain new skills that they implement with future students. Therefore, consumer satisfaction should be monitored for generalized benefits after the completion of the process (Noell & Gresham, 1993).

Flugum and Reschly (1994) conducted a study to examine whether quality indicators of prereferral interventions were predictors of student outcomes. They examined the prereferral interventions of 312 Iowa students who had been referred and evaluated but were found ineligible for special education. Specifically, they studied the extent to which six indices (behavioral definition of a problem, direct measurement, step-by-step plan, treatment integrity, graphing of results, and comparison of results to baseline) had been incorporated in their intervention plans. The results suggested that prereferral interventions varied dramatically in quality, the use of quality indices influences the outcomes of prereferral interventions, and the improved quality of the interventions lead to more successful outcomes for students. In those cases where the intervention was implemented, only 41% of the teachers and 45% of the service providers reported using a behavioral definition, while 38% of the teachers and 27% of the service providers reported using a behavioral definition. However, 78% of the teachers and 71% of the service providers reported that the interventions were implemented as planned. Furthermore, the results suggested that the typical prereferral intervention does not involve a behavioral definition, a direct measure, a systematic plan, graphing of results, or a comparison of results with the baseline. Treatment integrity was the only index found to show a high level of implementation (78%). Those interventions that did involve quality indices were viewed by regular education teachers and related service personnel to be more successful. Flugum and Reschly (1994) pointed out that in

order for prereferral interventions to be effective, they must be provided on a regular basis and meet reasonable standards of quality.

Parent Involvement

The fact that parents play a crucial role in the emotional and educational development of their children has been documented throughout literature for a number of years. Parents are often vital sources of information about their child's behavior and can be a tremendous asset to the school system. Wise (1995) commented that because the parents are generally their child's primary caregiver, they know more about the child than any other individual. Further, Sattler (1992) stated, "Parents have a wealth of information about their child. A well-conducted parental interview will serve as a valuable source of information about the child and the family and will lay the groundwork for enlisting parental cooperation with intervention efforts" (p. 429). A National Association of School Psychology (NASP) Position Statement (1992) noted that it is necessary to have a joint partnership between educators and parents in order to meet the educational needs of the students to the fullest degree. They further stated that a collaboration between home and school is essential for children to "benefit optimally from the school experience." The position statement reported crucial information regarding the importance of parents' role in the education of children. They documented that parent participation in education is associated with positive attitudes and behavior of students and that specific intervention programs involving parent activity have successfully changed the academic and behavioral performance of students. It is also reported that children will achieve more at school when they are being reinforced with similar content at home.

Because parents tend to pass on their feelings about school to their children, it is imperative that parents be accurately informed and involved in their child's education. One method of parental involvement is active membership on the student teacher assistance team. The NASP position statement calls for the need for home-school

collaboration programs in which parents and teachers hold meetings to problem solve about the student's performance. By involving parents as members of the multi-disciplinary team, the educational experience of the students may be greatly enhanced. As a member of the intervention team, parents may be asked to carry out interventions, collect performance data, and help with decision making. In addition, parental involvement may assist the teams by providing reinforcement of interventions, completion of behavior checklists, and providing feedback on the success of the interventions in the home setting. Further, such consultation between the parents and teachers allows sharing of information that can positively affect the educational experience of the student.

Purpose

Few research studies mentioned parents' involvement in and none were found assessing parents' perceptions of the prereferral intervention process. Due to the important influence parents play in the role of their children's educational growth, it is important to consider their views and expectations of the prereferral system. Graden, Casey, and Christenson (1985) stated that parents should always be informed of teachers' concerns about their children and should be included for planning interventions. Although it is documented that the involvement of parents is related to student success, it has not been a prominent issue of concern in the research literature.

In addition, it has been documented that consumer satisfaction is a quality index of intervention effectiveness (Sindelar et al., 1992). Such consumer satisfaction includes the views of parents and teachers as well. Therefore, a need also exists for examining teachers' perceptions of the process in order to more fully evaluate the nature of the prereferral system. The present research will examine parents' and teachers' perceptions of a prereferral system used in a small, northeastern, rural county in Kentucky. Teacher and parent views will be compared to determine whether consistency in views exists.

The prereferral process in a small northeastern rural county in Kentucky is termed the Student Teacher Assistance Team (STAT) and involves collaborative problem solving between school professionals and parents. The initial step in the process typically occurs when either the classroom teacher or parent has a concern about a child's behavior or academic performance and believes that further assistance is needed to help the child succeed academically. At this point, the classroom teacher completes a referral form and sends it to the STAT chairperson-- typically the school psychologist or

guidance counselor. After receiving the referral, the STAT chairperson reviews the concerns and schedules the initial meeting. Individuals invited to be members of the team typically include the student's parent, classroom teacher(s), guidance counselor, and the school psychologist. Other professionals, such as speech pathologists, principals, family resource staff, title one teachers, and classroom aides or any individual who might offer meaningful input, may also be invited to attend. At the initial meeting, concerns are discussed and interventions are brainstormed. An intervention plan is selected and follow-up meetings are scheduled to discuss the progress of the interventions. Screenings and classroom observations may also be conducted with the child if considered appropriate by the STAT team.

Hypothesis one. Parents' perceptions of the prereferral process will be more positive than the teachers' perceptions. It is expected that parents will view the prereferral process as beneficial to the educational enrichment of their child, while teachers, who already have a heavy workload, might view it as time consuming and requiring too much paperwork.

Hypothesis two. More teachers than parents will think the prereferral process functions only as a step toward testing. Teachers may believe that they have already worked with the student's difficulties prior to the prereferral process and may only wish to have the child tested for special education services. In contrast, parents may view the process as a tool to help their child with difficulties while remaining in the regular classroom.

Hypothesis three. Primary teachers' ratings on the survey will be higher than the teachers' ratings from higher grades. It is expected that primary teachers will find the process beneficial in receiving assistance for building basic academic skills and additional help with working with behavior concerns of students. In contrast, teachers of higher

grades are expected to be less receptive to such assistance because they might expect the students to have previously learned the skills and therefore will be less tolerant of the effort and time required to conduct the interventions.

Method

Subjects

The study was conducted with participants from one county school system in Kentucky, with an approximate population of 2200 students. Of the students enrolled in the system, 38% participate in the free lunch program and another 8% receive reduced lunch, suggesting a large portion of the families are of a low socioeconomic status. The network of services available in the schools include the following: tutoring, summer school, Chapter One teachers, classroom aides, alternative school, family resource center, youth services, counseling, social services, National Helpers, homework hotline, homework helper workshops, and violence prevention groups. Direct services available to the classroom teachers include chapter one assistance, parent volunteers, assistance from guidance counselors, consultation with school psychologists, and assistance from co-teachers.

Parents. Participants in the study involved forty-four parents and guardians of children who have been involved in the Student Teacher Assistance Team in a small northeastern Kentucky rural school system during the 1996-1997 school year. Surveys were sent out to 124 parents with 44 parents (35.5%) responding. The sample included 38 mothers, 5 fathers, and 1 guardian. The majority of the parents have limited education. In this sample, 23% have less than a high school degree, 52% have earned a high school diploma or a GED, 16% have had some college or vocational training, and 9% have earned a college degree. The participants varied in their awareness of the STAT process. Many (68%) individuals reported being informed of the process by one person, while 32% noted several people as sources of awareness. Typically, the parents

were informed of the STAT process by the classroom teachers. Sources of parents' initial information about STAT include the classroom teacher (64%), guidance counselor (18%), school psychologist (14%), special education teacher (7%), principal (5%), and other individuals (20%).

The parents also varied in the length of time that they perceived the academic or behavior problem was of concern. One-third of the parents reported that they were not aware of the concern until it was raised by the STAT team, while another one-third reported that the issue has been a concern for longer than one year. Specific data for the length of time parents have been concerned about the issue can be found in Table 1. The participants also varied in their attendance at their child's STAT meeting, with 61% attending the meeting and 39% absent from their child's STAT meeting.

Table 1

Length of Time Parents Concerned about Issue Raised by the STAT Team

	n	Percent
When issue was raised by STAT team	13	32.5
Within the last 6 months	6	15.0
6 months to 1 year	7	17.5
1 to 2 years	8	20.0
More than 2 years	6	15.0

Note. Four parents did not respond to this question.

Teachers. Participants in the study also included 49 teachers who currently teach in the county school system. Surveys were sent out to 68 teachers with 49 (72.1%) teachers responding. Most of the teachers have experience being a STAT team member (75%), although a number of them have never been a member of a STAT team (25%).

Of the 49 teachers who responded, 18 (37%) teach primary (kindergarten through third grades) students and 28 (57%) teach students in grades four through eight. Three participants did not identify the grade that they teach. Approximately 85% of the teachers in this school system participated in a STAT training session in the fall of 1991. It is unknown what percentage of this sample participated in the STAT training.

STAT Training. Teachers in the school system were previously trained in the STAT process. The training was modeled after the School-Wide Assistance Team (SWAT) which was based on the original Teacher Assistance Team model by Chalfante and Pysh (1989) of the University of Arizona. The SWAT model, based on a problem solving approach, is outlined in the Project Ride Program Manual and published by Sopris West, Inc. This model was used in training the teachers to organize and implement student teacher assistance teams. The training consisted of a single one-hour session presented by the school psychologist and a Exceptional Children Service (ECS) director to all teachers in the schools. A second training the following year involved one teacher per school, the special education teachers and the school psychologist. This training consisted of one four-hour workshop organized and presented by Project Ride. Reportedly, attempts by the school psychologist in organizing further training workshops in the schools were rejected by the school principals.

Materials

A questionnaire entitled "Parent's Expectations" was administered to the parents and guardians of children involved in the Student Teacher Assistance Team process. The questionnaire, which can be found in Appendix A, consists of 17 questions that relate to the parents' views and expectations of the prereferral process. A cover letter explaining the purpose of the survey, can be found in Appendix B, was also sent to the parents. Similarly, a questionnaire entitled "Teachers' Views of STAT" (Appendix C) and a cover letter (Appendix D) were given to the teachers. The questionnaire consists of 13 equivalent questions that relate to the teachers' views of the prereferral process.

Procedure

A list of the parents who have children involved in the Student Teacher Assistance Team in the county school system during the 1996-97 school year was gathered. A cover letter explaining the purpose of the survey and an assurance of confidentiality was mailed along with a copy of the "Parent Expectations" survey to each parent. The surveys were coded and the parents' names were kept on a separate data sheet to ensure confidentiality. A self-addressed stamped envelope was provided for the return of the surveys. A second survey or phone call was made to non-respondents. Further, a list of elementary and middle school teachers in the county school system for the 1996-97 school year was compiled. After receiving permission from the principal at each school, a cover letter and survey "Teachers' Views of STAT" were sent to all teachers. The surveys were coded and the teachers' names kept on a separate data sheet to ensure confidentiality. A self-addressed envelope was included for return of the surveys.

After receiving the surveys, data were analyzed to determine the means and standard deviations for individual items. Hypothesis one was assessed by comparing the mean scores on individual items rated by the parents with the ratings by the teachers. To test for significance, t tests were used. To assess hypothesis two, the percentage of teacher and parent respondents marking "function only as a step toward testing" was calculated and a chi-square analysis was performed to test for significance. Hypothesis three was assessed by performing t tests with the primary teachers' ratings and the ratings of those who teach grades fourth through eighth.

Results

Perceptions of the STAT Process

Parents' perceptions of the STAT process were compared with the teachers' perceptions. Table 2 provides mean ratings of parent and teacher perceptions of the STAT process. Results of the survey generally showed higher levels of agreement by parents than by teachers with descriptors of the STAT process. The parents' mean ratings were higher than the teachers on eight of the ten items. The differences were statistically significant on seven of the items. Specifically, survey results showed that parents rated the following characteristics of the STAT process significantly higher than did the teachers in the study: overall helpfulness, improvement in a child's behavior and school work, necessity for helping a child, a focus on a child's strengths and weaknesses, provision of ways to work with the child, and helping a child get along with others. Parents and teachers did not significantly vary in their beliefs that the STAT team will listen to what they have to say, although the mean rating was higher for the parents. Further, parent and teacher responses did not show a significant difference in their responses to the purpose of STAT being clearly explained to them or with the belief that the STAT team will ask them what their concerns are. These two items, however, were the only ones that received higher mean ratings by the teachers in the sample.

Descriptions of the Purpose of STAT

Parents and teachers were asked to indicate what they thought the STAT team will do. Results of the survey showed that parents and teachers do, in fact, hold separate beliefs about the purpose of the STAT process. Results of the specific survey questions with regard to the purpose of STAT can be found in Table 3. A chi-square analysis was

Table 2

Parent and Teacher Perceptions of the STAT Process

Survey Item	Parents M	Parents (SD)	Teachers M	Teachers (SD)
1. The STAT process will be helpful.	4.20**	(0.78)	3.41	(1.15)
2. Involvement STAT will help my child's behavior.	3.70**	(0.85)	3.02	(1.01)
3. The STAT process will help my child's school work.	4.11**	(0.75)	3.04	(0.96)
4. The STAT process is necessary in helping my child.	3.91**	(0.72)	3.20	(1.06)
5. STAT will work with my child's strengths and weaknesses.	4.09*	(0.64)	3.65	(1.01)
6. STAT will provide me with ways to work with my child.	4.02**	(0.76)	3.49	(1.04)
7. The purpose of the STAT process has been clearly explained.	3.57	(1.15)	3.73	(1.08)
8. The STAT team will ask me what my concerns are.	3.93	(0.79)	4.09	(0.91)
9. Involvement in STAT will help my child get along with others.	3.55**	(0.85)	2.92	(1.08)
10. The STAT team will listen to what I have to say.	4.14	(0.85)	3.96	(1.02)

Note. Higher numbers indicate a greater level of agreement with the statement.

*$p < .05$ **$p < .01$.

performed to determine whether the percentages were significantly different. Teachers (41%) were significantly more likely than parents (16%) to view the STAT process as a function only as a step toward testing. Parents were significantly more likely than teachers to believe that the STAT team will find the cause of their child's problems and will tell them what the future holds for their child. No significant differences were found

with regard to the beliefs that the STAT team will give a diagnosis, decide whether any services are needed, or will help the child in getting along with others.

Differences in Teacher Perceptions Based on Grade Level

Primary teachers' perceptions of the STAT process were compared with those of teachers of higher grades. Table 4 provides the mean ratings with respect to the grade

Table 3

Parent and Teacher Perceptions of the Purpose of STAT

Survey Item I think the team will....	% of Parents	% of Teachers
1. give a diagnosis	38	24
2. decide whether any services are needed	66	57
3. find the cause of my child's problems	66**	24
4. tell me what the future holds for my child	25*	06
5. help my child get along better with other	43	24
6. function only as a step toward testing	16	41**

Note. Percentages add up to more than 100 because subjects were asked to indicate all that applied.

*$p < .05$. **$p < .01$.

taught by the teachers. In contrast to what was expected, results showed that teachers of the higher grades (4-8) viewed the process in a more positive manner than teachers of lower grades (K-3) on all items. These differences were significant on nine of the ten items. The only item failing to show significance between the two groups involved the belief that STAT involvement will help students to get along with others.

Table 4

Teacher Perceptions of the STAT Process Per Grade Level

Survey Item	Grade Taught			
	K-3 (n=19)		4-8 (n=27)	
	M	(SD)	M	(SD)
1. The STAT process will be helpful.	3.05	(1.35)	3.56**	(0.93)
2. Involvement STAT will help my student's behavior	2.74	(1.15)	3.11*	(0.85)
3. The STAT process will help my student's school work	2.74	(1.15)	3.15**	(0.72)
4. The STAT process is necessary in helping my student.	2.95	(1.35)	3.33*	(0.83)
5. STAT will work with my student's strengths and weaknesses.	3.47	(1.26)	3.70**	(0.82)
6. STAT will provide me with ways to work with my student.	2.95	(1.27)	3.78**	(0.70)
7. The purpose of the STAT process has been clearly explained.	3.63	(1.34)	3.74*	(0.90)
8. The STAT team will ask me what my concerns are.	3.89	(1.28)	4.19*	(0.57)
9. Involvement in STAT will help my student get along with others.	2.68	(1.25)	2.96	(0.90)
10. The STAT team will listen to what I have to say.	3.79	(1.32)	4.00*	(0.78)

*$p < .05$. **$p < .01$.

Post-Hoc Analyses

An examination of the survey data revealed that a fairly large percentage of parents (38.6%) did not actually attend their child's STAT meeting. A post hoc analysis was performed to examine whether views differed between those parents who attended

their child's STAT meeting and those who did not attend. Table 5 provides specific survey results. The results of t tests indicated no significant differences in the views of the STAT process. However, one question did approach significance (p=.053); parents who attended their child's STAT meeting were more likely to believe that the STAT team will listen to what they have to say.

Table 5

Parent Perceptions of the STAT Process Based on Attendance at the STAT Meeting

	Attendance			
	Yes	(n=27)	No	(n=17)
Survey Item	M	(SD)	M	(SD)
1. The STAT process will be helpful.	4.33	(0.62)	4.00	(1.00)
2. Involvement STAT will help my child's behavior	3.59	(0.75)	3.88	(0.99)
3. The STAT process will help my child's school work	4.15	(0.77)	4.06	(0.75)
4. The STAT process is necessary in helping my child.	4.07	(0.73)	3.63	(0.62)
5. STAT will work with my child's strengths and weaknesses.	4.11	(0.70)	4.06	(0.56)
6. STAT will provide me with ways to work with my child.	4.19	(0.68)	3.76	(0.83)
7. The purpose of the STAT process has been clearly explained.	3.93	(1.11)	3.00	(1.00)
8. The STAT team will ask me what my concerns are.	4.19	(0.79)	3.53	(0.62)
9. Involvement in STAT will help my child get along with others.	3.56	(0.89)	3.53	(0.80)
10. The STAT team will listen to what I have to say.	4.37	(0.57)	3.76	(1.09)

Note. No significant differences were found.

An examination of the survey data also revealed that approximately one-fourth (24.5%) of the teachers in this sample have not attended a STAT meeting. A post hoc analysis was also performed to determine whether views differed between those teachers who have been a member of a STAT team and those who have never participated in the STAT process. Table 6 provides the mean ratings for both groups of teachers. T-tests

Table 6

Teacher Perceptions of the STAT Process Based on Team Membership

	Member			
	Yes	(n=37)	No	(n=12)
Survey Item	M	(SD)	M	(SD)
1. The STAT process will be helpful.	3.51	(1.23)	3.58	(0.90)
2. Involvement STAT will help my child's behavior.	3.00	(1.08)	3.08	(0.79)
3. The STAT process will help my child's school work.	3.03	(1.01)	3.08	(0.79)
4. The STAT process is necessary in helping my child.	3.16	(1.12)	3.33	(0.88)
5. STAT will work with my child's strengths and weaknesses.	3.65	(1.09)	3.67	(0.78)
6. STAT will provide me with ways to work with my child.	3.38	(1.11)	3.83*	(0.72)
7. The purpose of the STAT process has been clearly explained.	3.84	(1.14)	3.42	(0.79)
8. The STAT team will ask me what my concerns are.	4.14	(1.00)	3.92	(0.52)
9. Involvement in STAT will help my child get along with others.	2.89	(1.10)	3.00	(1.04)
10. The STAT team will listen to what I have to say.	4.00*	(1.16)	3.83	(0.39)

*$p < .05$.

indicated only two significant differences between the groups. Teachers who have been a member of the STAT team were more likely to believe that the STAT team will listen to what they say, while nonmembers were more likely to believe that the STAT team will provide them with ways to work with their students. Comparisons of the remaining views were not found to be significantly different between the two groups of teachers.

Discussion

Teacher and parent views of the prereferral process have received little attention in the school psychology and special education literature. In this limited sample, many interesting findings were noted in the response patterns of the parents and teachers. It is important to acknowledge the finding that approximately one out of every three parents reported learning of a concern about their child through the STAT team, which suggests poor parent involvement or possibly poor school-home communication. If parents are initially hearing of the concern for their child's academic or behavioral difficulties at the time of the first STAT meeting, they have obviously had little prior communication with their child's teacher. If the concern is only being addressed at school, without support from the home environment, we would expect to find a lesser degree of improvement in the behavior.

The results of the study also reveal that parents are most often informed about the STAT process by classroom teachers who have received the least amount of training in the process. Therefore, the untrained teacher may have communicated inappropriate expectations or beliefs about the characteristics or purpose of the team. However, whatever parents are told about STAT from the teachers, it does not appear to be negative. As predicted in hypothesis one, parents were found to hold more positive views of STAT than teachers. This finding is likely a reflection of the teachers' view of the process being an additional burden requiring time and effort. In most cases, parents are new to the prereferral situation and may not have any preconceived ideas of the process. They may be open to new ideas to help their child.

In addition, as predicted in hypothesis two, teachers were much more likely than parents to view the process as only a step toward special education testing. Perhaps,

teachers have already tried numerous interventions before bringing the situation to the STAT process, and feel that they only want the student tested at that point. Parents, however, may be more apt to want further interventions attempted with their child and may believe that their child can be assisted in other ways. Ten teachers (20.4%) wrote comments on the surveys that suggested they believe that they have attempted many interventions with the students before arriving at the point of the initial STAT meeting and only want to see the child tested for special services at that time. Comments written by the teachers included "The only students I refer to STAT are ones I think might NEED to be tested for some learning disability"; "By the time I take a child to STAT, I have done everything I know to do. I would like to have them tested!"; and "STAT takes lots of time-requiring a lot of paperwork and a lot of extra reading. . . .By the time that I fill out a STAT referral, I have exhausted all other possible solutions, and don't have time to read packets and do research for 4-6 children in my classroom." In contrast, parents may not feel the frustration of additional paperwork and, therefore, tend to view the process in a more positive fashion. They likely approach the process with the expectation that it will be beneficial to their child.

The finding that teachers of higher grades showed a higher rate of agreement with the STAT characteristics than teachers of lower grades was due, perhaps, to different expectations. Teachers of higher grades may expect the process to be a means by which they can express concerns and brainstorm ideas with their fellow teachers and other professionals. In the upper grades, a greater number of teachers are involved in the process, due to the students having different teachers for various subjects and, thus, a greater network of teacher support is available. Therefore, teachers of higher grades may be better able to "vent" their frustrations and discuss the student's progress with other teachers familiar with the student. Primary teachers, however, may want immediate change in the students and have fewer teachers to assist them with the change.

Therefore, primary teachers may leave feeling frustrated, while teachers of higher grades are more satisfied with the process.

Parents were more likely to believe that the team will listen to them if they have attended their child's STAT meeting. This finding suggests that those parents who do not attend the meetings may exhibit a more negative opinion of the process due to a lack of information about the team's purpose and the roles of the team members. Furthermore, those parents who do attend the meetings, apparently feel more positive about the process and exhibit stronger agreement with the STAT characteristics.

Those teachers who were members of the STAT team were more likely to believe that the team would listen to them than those who were never involved in the process. It is possible that teachers who have not been members of the STAT team hold negative pre-conceptions of the prereferral process and may believe that the team will not be sympathetic to their views. Perhaps, after being involved in the process, teachers are pleasantly surprised that the team does, in fact, listen to what they have to say.

Those teachers who have never been a member of a STAT team were also more likely to believe that the team will provide them with ways to work with their students. Nonmembers have not experienced frustration and paperwork that may come with being a member of the process. In contrast, members are likely frustrated with the additional effort the process demands in implementing the interventions to assist the students. Members of the process likely become frustrated and may often not follow through with the designed interventions. When this situation occurs, they will not see the intended results and may feel that the process is only a waste of their time.

Limitations

Several limitations were found with the study. Due to the fact that the teachers in the sample have received very limited training in the STAT process, it is difficult to determine whether the results are characteristic of typical student teacher assistance team processes in which members may be more extensively trained in a prereferral model.

Another limitation of the study is that, given the relatively small number of respondents, the comparisons made within the groups of parents and teachers were made with even smaller numbers.

Limitations of the questionnaires also impact the results of the study. The parent questionnaire asks for expectations of the STAT teams, while the teacher questionnaire asks for views of the process. This difference makes it difficult to compare the responses between the two groups. Because parents are given the questionnaire during their initial exposure to the process and the majority of teachers have previously been involved the process, it further complicates the evaluation of the differences. In addition, the questionnaire were administered to parents at varying steps of the process. For example, some parents were given the questionnaire at their child's initial STAT meeting, while others were already involved in the process at the time of the administration of questionnaires. The lack of questions assessing the effectiveness of the STAT teams also limits the evaluation of the results.

Future Research

Future research in the area should incorporate a pre- and a post- rating system with parents involved in a prereferral system. Parents could be sent a pre-rating form before the initial STAT meeting to get their expectations of the prereferral process. After the parents have been involved in the process for a given time, they could be given a post-rating form to see what their views are after being involved in the team. This procedure would show whether parents continue to hold similar beliefs or whether they are more or less satisfied after being a member of the team. Also, involving a range of parents from a wider socioeconomic background or from other areas of the country would offer greater generalizability of these results.

Given the significant difference between parent and teacher views of the STAT process, future research should examine this area more extensively. If parents and teachers are coming to the prereferral process with inconsistent views, the success of the

team will likely be affected. Research should examine the factors that contribute to the different views. For example, the speculation that teachers view STAT as additional paperwork and expenditure of time needs to be empirically validated. In contrast, parents may not have been informed of the concern and therefore would not have the feelings of frustration and might instead feel hopeful of helping their child. Examining these and other relevant factors would provide greater information for understanding why teachers and parents hold different views of the prereferral process.

In the future, changes on the questionnaire might be expanded to gather further information about the parents and teachers. Specifically, it would be important to determine the amount of training that each teacher respondent had received in a prereferral training model. It would also be relevant to know how many years the teachers have been teaching. This information would allow us to know whether differences exist in views of those teachers who have been working in a school system for many years and those who are new to the system. This data could be examined to determine whether the amount of STAT training impacts the teachers' views of the process. Including questions that focus on variables of the team's effectiveness could also be incorporated in the questionnaire.

Future research should also focus on the varying views of teachers of primary and higher grades (4-8) for the prereferral process. Determining the factors of the two groups of teachers which account for the different views of the prereferral process would be important to know in the future. Perhaps, teachers of higher grades do, indeed, expect a venting of frustration and brainstorming with their colleagues who are familiar with the student. In contrast, primary teachers might anticipate immediate academic or behavioral change in the student, with a more limited support network. Because of the small sample sizes in the two groups of teachers, it would be important to examine the views with larger sample sizes to determine if such differences do, indeed, exist.

Finally, additional research should examine the views of those parents who attended their child's STAT meeting and those who were not in attendance. Examining the reasons for the differences in the two groups would be beneficial in improving the STAT process. It is possible that parents might be intimidated or feel that they will not be listened to before their involvement in the process. After attending the meeting, they may feel more at ease and comfortable with the decisions of the team. Future research in examining the differences between the two groups would be useful in improving the communication between the home and school settings.

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APPENDIX A

Parents' Expectations Questionnaire

Code:

Parents' Expectations

We want to know your expectations about being involved in the Student Teacher Assistance Team (STAT) process. This information will help us improve our services to parents. Please answer the following questions by circling the number that best represents what you expect:

1 - strongly disagree 2 - disagree 3- not sure 4 - agree 5 - strongly agree

1. The STAT process will be helpful 1 2 3 4 5
2. Involvement in STAT will help my child's behavior 1 2 3 4 5
3. The STAT process will help my child's school work 1 2 3 4 5
4. The STAT process is necessary in helping my child 1 2 3 4 5
5. STAT will work with my child's strengths and weaknesses 1 2 3 4 5
6. STAT will provide me with ways to work with my child 1 2 3 4 5
7. The purpose of the STAT process has been clearly explained to me 1 2 3 4 5
8. The STAT team will ask me what my concerns are 1 2 3 4 5
9. Involvement in STAT will help my child get along with others 1 2 3 4 5
10. The STAT team will listen to what I have to say 1 2 3 4 5

11. I think the team will (check all that apply):
    _____ give a diagnosis
    _____ decide whether any services are needed
    _____ find the cause of my child's problems
    _____ tell me what the future holds for my child
    _____ help my child get along better with others
    _____ function only as a step toward testing
    _____ other: _____ .
12. I was made aware of the STAT process by (check any that apply):
    _____ classroom teacher _____ special education teacher _____ principal
    _____ guidance counselor _____ school psychologist _____ other
13. How long have you been concerned about this issue raised by STAT? (check one)
    _____ when issue was raised by STAT team _____ within the last 6 months
    _____ 6 months to 1 year _____ 1 to 2 years _____ more than 2 years
14. Person completing this form: _____ mother _____ father _____ other
15. Highest education level of person completing this form:
    _____ less than high school diploma _____ high school diploma or GED
    _____vocational training or some college _____ college degree
16. Child's Grade: _____ Child's School:_____ .
17. Did you attend your child's STAT meeting? _____ yes _____ no

Thank you for your assistance!

APPENDIX B

Parent Cover Letter

Henry County Public Schools
P.O. BOX 299
326 MAIN STREET
NEW CASTLE, KENTUCKY 40050

TELEPHONE: (502) 845-2918

Dear parent or guardian,

The Student Teacher Assistance Team (STAT) at your child's school is available to help teachers and parents provide the best possible educational experience for the students. Typically, members of the STAT include teachers, the school counselor, a school psychologist, the principal and the parents. Parents play an important role in STAT meetings and your input is being sought out to help us improve the process.

We would like to know how you view the STAT meetings. A one-page questionnaire is enclosed for you to complete. It should only take a few minutes of your time. Your participation in completing the questionnaire is voluntary and your ratings will be kept confidential. The questionnaire has a code number on it to ensure your ratings will be kept confidential. We are interested only in the overall results so we can improve our services to children and parents.

Please complete the questionnaire as soon as possible and return it in the self-addressed, stamped envelope. If you have any questions, please call me at 845-2918.

Sincerely,

Laura Meagher
School Psychology, Intern

APPENDIX C

Teachers' Views of STAT

Code:

Teachers' Views of STAT

We want to know your views about the Student Teacher Assistance Team (STAT) process. This information will help us improve our services to parents and teachers. Please answer the following questions by circling the number that best represents your views:

1 - strongly disagree 2 - disagree 3- not sure 4 - agree 5 - strongly agree

1. The STAT process will be helpful 1 2 3 4 5
2. Involvement in STAT will help my student's behavior 1 2 3 4 5
3. The STAT process will help my student's school work 1 2 3 4 5
4. The STAT process is necessary in helping my student 1 2 3 4 5
5. STAT will work with my student's strengths and weaknesses 1 2 3 4 5
6. STAT will provide me with ways to work with my student 1 2 3 4 5
7. The purpose of the STAT process has been clearly explained to me 1 2 3 4 5
8. The STAT team will ask me what my concerns are 1 2 3 4 5
9. Involvement in STAT will help my student get along with others 1 2 3 4 5
10. The STAT team will listen to what I have to say 1 2 3 4 5

11. I think the team will (check all that apply):
    _____ give a diagnosis
    _____ decide whether any services are needed
    _____ find the cause of my child's problems
    _____ tell me what the future holds for my child
    _____ help my child get along better with others
    _____ function only as a step toward testing
    _____ other: _____ .

12. Are you currently or have you ever been a member of a STAT team?
    _____ yes _____ no

13. Grade that you teach? _____

Thank you for your assistance!

APPENDIX D

Teacher Cover Letter

Henry County Public Schools
P.O. BOX 299
326 MAIN STREET
NEW CASTLE, KENTUCKY 40050

TELEPHONE: (502) 845-2918

Dear teacher,

The Student Teacher Assistance Team (STAT) at your child's school is available to help teachers and parents enhance the educational experience for the students. Typically, members of the STAT include teachers, the school counselor, a school psychologist, the principal and the parents. Teachers play an important role in STAT meetings and your input is being sought out to help us improve the process.

We would like to know how you view the STAT meetings. A one-page questionnaire is enclosed for you to complete. It should only take a few minutes of your time. Your participation in completing the questionnaire is voluntary and your ratings will be kept confidential. The questionnaire has a code number on it only for follow-up purposes (for non-respondents). We are interested only in the overall results so we can improve our services to children.

Please complete the questionnaire as soon as possible and return it in the self-addressed, stamped envelope. If you have any questions, please call me at 845-2918.

Sincerely,

Laura Meagher
School Psychology, Intern